

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

645407

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
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TOTAL IND.	7			
TOTAL DEP.	19	↔	↔	↔
TOTAL CLAIMS	36			

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TOTAL IND.				
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS				

Best Available Copy